

**POSITION DESCRIPTION** *(Please Read Instructions on the Back)*

2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other		3. Service		4. Employing Office Location		5. Duty Station		1. Agency Position No.	
Explanation <i>(Show any positions replaced)</i> Standard MWR NAF PD		7. Fair Labor Standards Act <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt		8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest		9. Subject to IA Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6. OPM Certification No.	
10. Position Status <input type="checkbox"/> Competitive <input type="checkbox"/> Excepted <i>(Specify in Remarks)</i> <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)		11. Position Is <input type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither		12. Sensitivity <input checked="" type="checkbox"/> 1--Non-Sensitive <input type="checkbox"/> 3--Critical <input type="checkbox"/> 2--Noncritical Sensitive <input type="checkbox"/> 4--Special Sensitive		13. Competitive Level Code		14. Agency Use CNIC	
15. Classified/Graded by		Official Title of Position		Pay Plan		Occupational Code		Grade	
a. Office of Personnel Management									
b. Department, Agency or Establishment									
c. Second Level Review		Store Worker		NA		6914		02	
d. First Level Review									
e. Recommended by Supervisor or Initiating Office									

16. Organizational Title of Position <i>(if different from official title)</i>		17. Name of Employee <i>(if vacant, specify)</i>	
18. Department, Agency, or Establishment		c. Third Subdivision	
a. First Subdivision		d. Fourth Subdivision	
b. Second Subdivision		e. Fifth Subdivision	
19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.		Signature of Employee <i>(optional)</i>	

20. **Supervisory Certification.** *I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.*

a. Typed Name and Title of Immediate Supervisor		b. Typed Name and Title of Higher-Level Supervisor or Manager <i>(optional)</i>	
Signature _____		Signature _____	
Date _____		Date _____	

21. **Classification/Job Grading Certification.** *I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.*

22. Position Classification Standards Used in Classifying/Grading Position	
FWS JGS For Store Working 6914, TS-22 Sept 72	
Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.	
Typed Name and Title of Official Taking Action S. J. NEW Principal Classifier	
Signature _____ Date 12-31-01	

23. Position Review	Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date
a. Employee <i>(optional)</i>										
b. Supervisor										
c. Classifier										
24. Remarks										

25. Description of Major Duties and Responsibilities *(See Attached)*

## **NONAPPROPRIATED FUND POSITION DESCRIPTION**

**JOB TITLE:** Store Worker **POSITION NUMBER** 01-045A

**JOB SERIES:** 6914 **PAY LEVEL:** NA-2

**Summary of Duties:** Performs a variety of tasks related to stocking merchandise for selection by customers or in a stockroom. Required to observe and project the amount of merchandise needed to maintain stock levels. Typically, this includes refilling stock on shelves and display counters; marking proper selling price on a variety of different kinds and sizes of items; moving old stock toward front of shelf or rotating by stamped code date; assisting in inventories by counting stock on hand; and answering customers' questions concerning where items are in the store. Dusts shelves and maintains general cleanliness of area.

Performs other related duties as required.

**Skills and Knowledge:** Acquires and uses a knowledge of the locations of stocked items, and how they should be displayed and stock rotated.

**Responsibility:** Work is assigned orally by a higher grade worker or supervisor. Incumbent carries out repeated assignments with little review during progress of the work. The supervisor periodically checks to see that work is done on time and according to instructions.

**Physical Effort:** Walks, stands, bends, or stoops and moves arms in filling shelves and counters. Lifts or moves light to heavy boxes or crates frequently weighing up to 50 lbs. and occasionally over 50 lbs.

**Working Conditions:** Work is performed in well-lighted areas and maintained at a comfortable temperature however, aisles are often crowded with customers. There is danger of minor injuries such as cuts, scrapes, and bruises.